## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004   |  |   |             |                                   |  |                  |                     | 10/5945 /6             |       |                     |                        |
|--|--|---|-------------|-----------------------------------|--|------------------|---------------------|------------------------|-------|---------------------|------------------------|
|  |  | CLAIMS A                                  |             | - PART I                          |  | (Column 2)       | SMALL EN<br>TYPE    | TITY                   | OR    | OTHER<br>SMALL E    |                        |
| U.S. NATIONAL STAGE FEES   |  |   |             |                                   |  |                  | RATE                | FEE                    |       | RATE                | FEE                    |
| BASIC FEE  |  |   |             |                                   |  |                  | BASIC FEE           |                        | OR    | BASIC FEE           | 300                    |
| EXAMINATION FEE  |  |   |             |                                   | 1  |                  | EXAM. FEE           |                        |       | EXAM. FEE           | 200                    |
| SEARCH FEE   |  |   |             |                                   |  |                  | SEARCH FEE          |                        |       | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | m           | minus 100 =                       |  | / 50 =           | X \$ 125 =          |                        |       | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | r           | minus 20 = *                      |  |                  | X \$ 25 =           |                        | OR    | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |   |             | minus 3 =                         | *  |                  | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |
| MUL  | TIPLE DEPENI   | DENT CLAIM PRE                            | ESENT       |                                   |  |                  | + \$ 180 =          |                        | OR    | + \$ 360 =          | <u> </u>               |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |             |                                   |  | TOTAL            |                     | OR                     | TOTAL | 900                 |                        |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST REMAINING NUMBER PRESENT |   |             |                                   |  |                  | SMALL E             | ADDI-                  | OR    |                     | ADDI-                  |
| NT A   |  | AFTER<br>AMENDMENT                        |             | PREVIO<br>PAID I                  | OUSLY  | EXTRA            | RATE                | TIONAL<br>FEE          |       | RATE                | TIONAL<br>FEE          |
| AMENDMENT  | Total  | *   | Minus       | **                                |  | =                | X \$ 25 =           |                        | OR    | X \$ 50 =           |                        |
| AME  | Independent  | *   | Minus       | ***                               |  | =                | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |             |                                   |  |                  | + \$ 180 =          |                        | OR    | ,                   |                        |
|  |  |   |             |                                   |  |                  | TOTAL ADDIT.<br>FFF |                        | OR    | TOTAL ADDIT.<br>FFF |                        |
|  |  | (Column 1)                                |             | (Colun                            | mn 2)  | (Column 3)       |                     |                        |       |                     |                        |
| AENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHI<br>NUME<br>PREVIO<br>PAID I | IEST<br>BER<br>OUSLY                           | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus       | **                                |  | =                | X \$ 25 =           |                        | OR    | X \$ 50 =           |                        |
| AMENDA   | Independent  | *   | Minus       | ***                               |  | =                | X \$ 100 =          |                        | OR    | X \$ 200 =          |                        |
| < ∣  |  |   |             |                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                  |                     |                        |       |                     |                        |
| ∢  | FIRST PRES   | ENTATION OF N                             | MULTIPLE DE | EPENDENT                          | CLAIM  |                  | + \$ 180 =          |                        | OR    | + \$ 360 =          | 1 1                    |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.